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# **Training Session III: Trauma-Informed Care and the Aging Population**

Modified from a presentation by Marisol Acosta, MEd, LPC-S, presented on Aug. 8, 2017, at the 2017 Geriatric Symposium

# Objectives

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1. Increase knowledge of the impact of trauma in the adult and aging population
2. Increase understanding of trauma-informed care and how to incorporate a trauma-informed care framework in services for older adults.
3. Learn strategies to engage older adults affected by trauma and recognize signs of trauma in this population.



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# Trauma-Informed Systems

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“Change to a trauma-informed organizational or service system environment will be experienced by all involved as a profound cultural shift in which consumers and their conditions and behaviors are viewed differently, staff respond differently, and the day-to-day delivery of services is conducted differently.”



Ann Jennings, Editor, Center for Mental Health Services/NCTIC, 2008. “Models for Developing Trauma-Informed Behavioral Health Systems and Trauma Specific Services”

# Trauma...

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1. Is widespread and pervasive
2. does not happen in a vacuum, but within the context of a community



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# Impact of Trauma on Health

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1. People who have experienced trauma or PTSD have higher rates of cardiovascular disease and related risk factors (hypertension, hyperlipidemia, coronary artery disease) and other chronic illness (diabetes, osteoarthritis) as older adults.

Glasmer, Brahler, Gundell & et.al, 2011. Psychosomatic Medicine; Pieterzak, Goldstein, Southwick, et.al, 2012. Journal of American Geriatric Society – Wave 2 of National Epidemiological Survey on Alcohol & Related Conditions

2. PTSD is a risk factor for dementia.

Borson, S., 2010 Journal of American Geriatric Society

3. A large VA study indicated that individuals diagnosed with PTSD were twice as likely to develop dementia than those that were not diagnosed with PTSD.

Yaffe, Vittinghoff, Lindquist, & et.al, 2010 Archives of Gen Psychiatry



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# Trauma in Older Adults

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- Up to 90% of older adults have experienced at least one traumatic event in their lifetime.

Pietrzak, Goldstein, Southwick & et.al, 2012

- Approximately 70% to 90% of adults aged 65 and up have been exposed to at least one potentially traumatic event during their lifetime.

National Center of PTSD, 2017 / Norris, F.H., 1992

- 2<sup>nd</sup> highest rate of death by suicide occur in adults 85 years and older.

CDC, 2013

*NOTE: Prevalence studies tend to leave older adults outside the studies, so there are limited studies that accurately report the prevalence of trauma exposure in this population.*



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# Clients Served by Adult Protective Services: 2016 Report

Race/Ethnicity	Clients	Female	Male
Anglo	28,977	62%	38%
Hispanic	12,984	62%	38%
African American	9,306	65%	35%
Other	2,063	63%	37%
Asian	461	71%	29%
Native American	123	59%	41%

There were 53,914 confirmed older victims of abuse, neglect, or exploitation in Texas in 2016



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# Number of Clients by Abuse Type

Type of Abuse	Number of Clients
Sexual	95
Emotional	1,372
Physical	1,538
Mental health neglect	1,973
Financial exploitation	2,174
Medical neglect	6,076
Physical neglect	20,875





# Trauma Informed Care Defined

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- Trauma-informed care is a framework that guides our principles, day-to-day operations, and relationships by creating a culture that recognizes, understands, prevents, responds to and is sensitive to the effect of trauma on people, families and the workforce.
- TIC creates a safe environment for all people affected by trauma by helping rebuild a sense of control, awareness and empowerment that can foster recovery and resilience.



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# Trauma-Informed Care



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# Framework

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Looking through a new lens



What's  
wrong  
with you



What  
happened  
to you

# The Transformation Levels

- **Personal** (Me)
  - Internal
- **Interpersonal** (You)
  - Relational
- **Organizational** (Us)
  - Business Operations
- **Systemic** (Community)
  - Between organizations, serving-systems and the community



# What is Trauma?

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## SAMHSA's 3 E's of Trauma

- Individual trauma happens due to an **event** or circumstance...
- When the person **experiences** the event or circumstance as life threatening or physically or emotionally harmful...
- And the event or circumstance has lasting adverse **effects** on the person's functioning and mental, physical, social, emotional or spiritual well-being.



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# Trauma Terminology

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An “Event” or “Stressor,” according to the Diagnostic and Statistical Manual of Mental Disorders, 5<sup>th</sup> edition (DSM-5), happens when a person is exposed to death, threatened death, actual or threatened serious injury, or actual or threatened sexual violence through:

- **Direct exposure** such as an event happening to them
- **Witnessing**, in person, the event happening
- **Indirect exposure**, such as hearing about the event after it happened
- **Repeated or extreme indirect exposure** to aversive details of the event(s), usually in the course of professional duties, such as first responders collecting information



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# Individual Perception Determines What's Traumatic

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- Loss of spouse and peers
- Chronic and life-threatening diagnoses
- Accidents, falls
- Physiological changes, limitations, disability
- Loss of roles and resources
- Increased dependence on caregivers
- Cognitive or memory loss
- Loss of home
- Abuse
- Neglect
- War, or terrorism
- Domestic violence
- Historical trauma
- Death by suicide
- Disaster
- Community violence
- Exploitation
- Attachment disruption or abandonment as a child

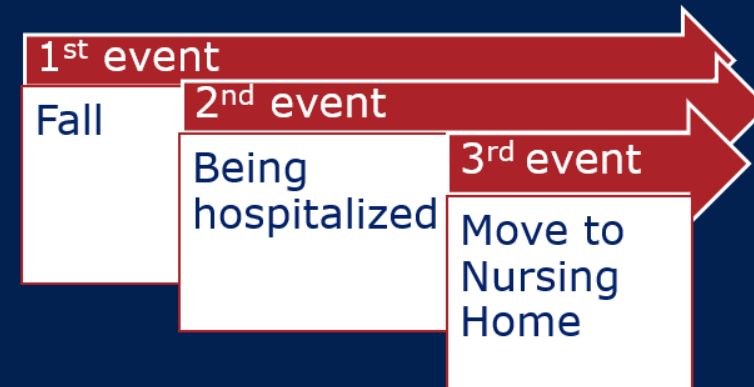


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# Adversities and Reminders

Traumatic events often generate secondary adversities, life changes and distressing reminders in people's daily lives.

Disasters, terrorism and traumatic events may create a series of events in a person's life as a result of an original event.





# Distressing Reminders

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## Loss Reminders

- Spouse and Peers
- Chronic and life-threatening diagnosis
- Home or favorite Place
- Community
- Physical abilities
- Ability to care for self

## Trauma Reminders

- Sensorial reminders (triggers)
- Physical locations
- Environmental reminders
- Disregard for personal space
- People in authority



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# Wide Range of Reactions



People can exhibit a wide range of reactions to trauma and loss after a disaster or traumatic event.



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# Types Reactions

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**Fight**

**Flight**

**Freeze**



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# Signs and Common Responses to Trauma: Physical

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- Difficulty sleeping or nightmares
- Physical complaints (headaches, digestive problems, etc.)
- Lack of appetite
- Sweating
- Changes in body temperature
- Changes in heart rate
- Sexual transmitted diseases or infections in genital area



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# Signs and Common Responses to Trauma: Developmental

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- Regression in behavior
- Loss of abilities or functional losses
- Changes in roles



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# Signs and Common Responses to Trauma: Cognitive

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- Intrusive memories of the event
- Distorted beliefs or thoughts
  - Examples:
    - **Self:**  
“I’m bad.”  
“I’m dirty.”
    - **Others:**  
“Men are bad.” “People can’t be trusted.”
    - **World:**  
“The world is a scary place.”  
“Nothing’s ever going to change.”



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# Signs and Common Responses to Trauma: Behavioral

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- Anger, outbursts, hostility
- Difficulty paying attention or concentrating
- Withdrawal from others or activities
- Avoidance of scary situations or people
- Re-enacting the event through complex behavioral
- Patterns of behavior or relationship patterns
- Increase use of substances as a way to cope



# Signs and Common Responses to Trauma: Emotional

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- Difficulty regulating emotions (e.g. unable to calm down, crying hysterically)
- Guilt
- Shame
- Anger
- Depression
- Anxiety or nervousness
- Easily startled
- Numbing



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# Concept of Trauma Changed Over Time

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- Civil War era: “soldier’s heart,” “irritable heart,” “Da Costa syndrome”
- Shell shock (1919–WWI)
- Battle fatigue or combat stress reaction (WWII)
- Gross stress reaction (1952 – American Psychiatric Association, DSM-I)
- Post-traumatic stress disorder (1980 – APA, DSM-III)
- DSM-5 (2014), PTSD is no longer related to anxiety disorders but categorized under trauma related disorders



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# Strategies to Help Older Adults

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- Provide information on coping and common stress reactions and behavior changes in adults.
- Normalize the person's experience by explaining how common is for adults to have experienced a stressful event that is considered traumatic.



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# Strategies to Support Emotion Regulations

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Ways to help someone calm down:

1. Breathing more slowly, sighing deliberately
2. Grounding: mindful presence here and now
3. Make stuffed toys and blankets available
4. Touch nose and ear (for those without functional decline)
5. Deep breathing (belly in and out)
6. Visual image
7. Touch soothing textures, blankets
8. Drums, music
9. Aromatherapy
10. Shower
11. Walk, exercise, dance



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# Danger and Safety

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Danger and safety are core concerns in the lives of people who have experienced trauma.



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# 1. Question

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\_\_\_\_\_ is a framework that guides our principles, day-to-day operations, and relationships by creating a culture that recognizes, understands, prevents, responds to and is sensitive to the effect of trauma on people, families and the workforce.



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# Answer: Trauma-informed care

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**Trauma-informed care** is a framework that guides our principles, day-to-day operations, and relationships by creating a culture that recognizes, understands, prevents, responds to and is sensitive to the effect of trauma on people, families and the workforce.



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## 2. Question

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\_\_\_\_\_ is a priority in the immediate and long-term needs of someone affected by trauma?



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# Answer: Safety

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**Safety** is a priority in the immediate and long-term needs of an someone affected by trauma.



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### 3. Question: True or False?

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Trauma-informed care creates a safe environment for all individuals impacted by trauma by helping rebuild a sense of control, awareness and empowerment that can foster recovery and resilience.



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# Answer: True

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Trauma-informed care creates a safe environment for all people affected by trauma by helping rebuild a sense of control, awareness and empowerment that can foster recovery and resilience.



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## 4. Question

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Traumatic experiences affect:

- a. Sense of protection
- b. Sense of safety
- c. May lead to significant changes in risk taking
- d. Behavior
- e. All of the above



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# Answer: All of the above

---

Traumatic experiences affect:

- a. Sense of protection
- b. Sense of safety
- c. May lead to significant changes in risk taking
- d. Behavior

**e. All of the above**



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# The SOS Focus Strategy

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Use to help adults and caregivers:

**S**low down:

1. Take a moment to calm yourself
2. Let your mind, body and spirit become quiet

**O**rient yourself

1. Focus on ONE thought that helps you remember:
  - a. Who you are
  - b. What you believe and value
  - c. What's most important to you right at this moment

**S**elf-Check (on a scale of 1-10)

1. Level of stress
2. Level of personal control

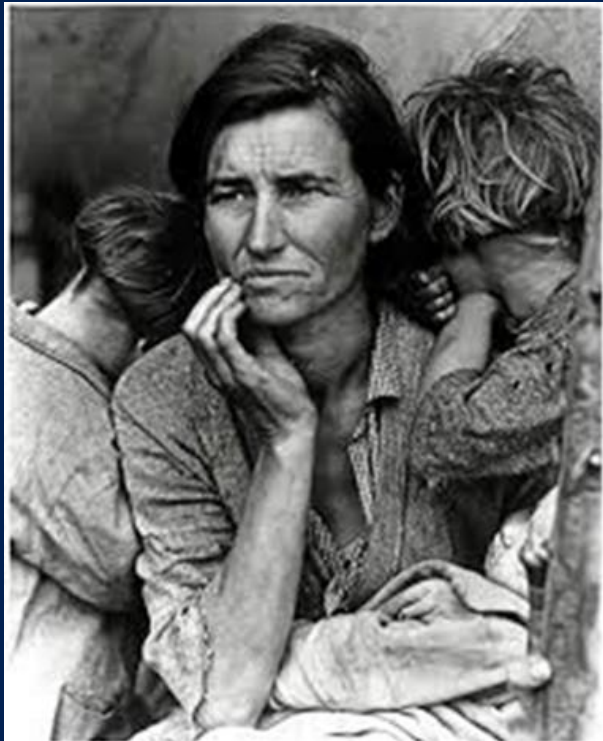
Source: Ford, J., et al., 2005, *TARGET – Facilitators Guide*, University of Connecticut, CT)



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# Family and Caregiving Systems

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Traumatic experiences affect the family and broader caregiving systems.

For instance: Everyone is shaken up by what happened.



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# Relating to Older Adults

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## Treatment and services

- Always announce what you are going to do and ask for agreement.
- Treat adults as adults and ask for agreement when providing assistance.



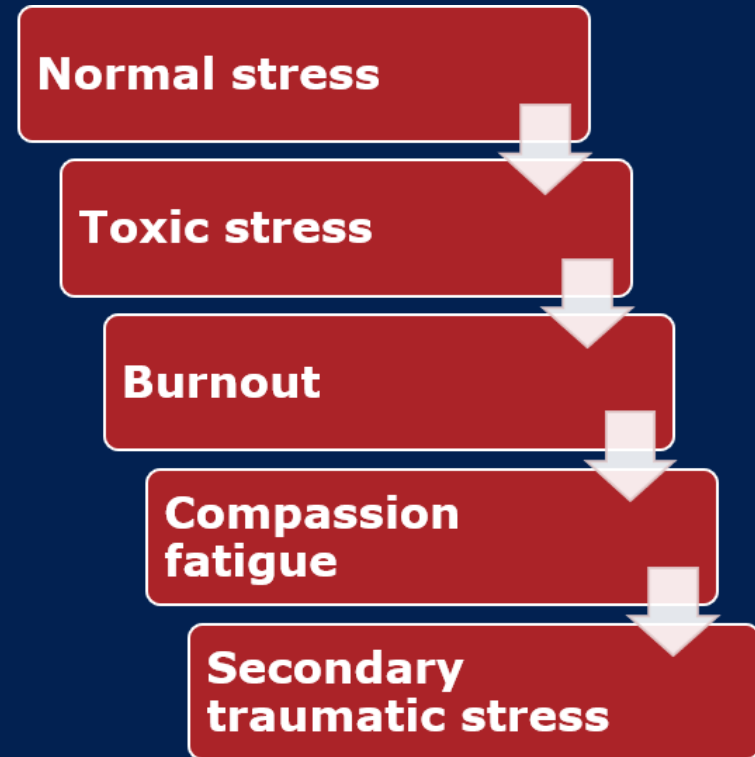
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# Provider Stress

Working with trauma-exposed people can evoke distress in providers and make it more difficult for them to provide good care.



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# Strategies to Alleviate Stress

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1. Pace yourself
2. Take deep breathes
3. Step away and take a break
4. Establish self-care daily routines
5. Ask for help



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# Trauma-Informed vs. Trauma-Focused

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## Trauma-Informed

### **Organizational level:**

includes all departments  
administrative and direct care

1. Fosters consumer voice through partnership, collaboration in services and administrative tasks
2. Services are delivered in a way that prioritizes safety and prevents re-traumatization
3. Addresses the vicarious impact of trauma exposure on the workforce: secondary traumatic stress

## Trauma-Focused

### **Program level:**

includes prevention,  
intervention or treatment

1. Includes only direct-care providers
2. Incorporates consumer voice in the planning of care of services only



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# Trauma-Informed Care Principles

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- 1.Safety
- 2.Trustworthiness and transparency
- 3.Peer support
- 4.Collaboration and mutuality
- 5.Empowerment, voice and choice
- 6.Cultural, historical and gender issues

Source: SAMHSA



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# Rethinking Daily Operations

Consider trauma in the context of:

1. Relationships
2. Consent to Services
2. Flow of Services
3. Access to Services
4. Service Provision
5. Human Resources
6. Infrastructure
7. Collaborations
8. Outcomes



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# Domains of Implementation

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1. Early Screening and Comprehensive Assessment
2. Consumer Driven Care and Services
3. Trauma-Informed, Educated and Responsive Workforce\*
4. Trauma-Informed Evidence-based and Emerging Best Practices
5. Safe and Secure Environments
6. Community Outreach and Partnership Building
7. Ongoing Performance Improvement and Evaluation

Source: National Council for Behavioral Health Trauma Informed Care Model



# Early Screening and Comprehensive Assessment in Practice

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1. Workforce is trained in:
  - a. How to recognize the signs and reactions of trauma
  - b. How to refer and where to refer people (clients and staff) affected by trauma
  - c. How to screen and ask about trauma
  - d. Clinical staff is trained and knowledgeable in trauma assessment and screening tools
2. Screening tools are readily available in multiple languages and are culturally appropriate
3. Universal trauma screenings: screen all adults in services
4. Comprehensive assessment
5. Use trauma data for decision support



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# Consumer-Driven Care and Services

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1. Adults and their family drive the care of their services
2. Services are person-centered
3. Staff engages and partner in a collaborative mutual and trustworthy manner by sharing their power
4. Peer providers are key members of the workforce that provides direct care and supports persons and families in services
5. Consent is a continuous daily process.



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# Trauma Informed Educated & Responsive Workforce

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All staff are trained in TIC

- Clinical staff are trained in trauma-focused evidence-based practices
- Supervisors have the skills and knowledge to support staff (reflective supervision)
- Human resources elements support TIC (Employee Assistance Program, wellness, personal leave, flexible schedules) to prevent secondary traumatic stress and care for the workforce.
- Hiring practices consider TIC
- Disaster preparedness and response teams and debriefing support teams use TIC





## 5. Question: True or False?

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Working with trauma-exposed individuals promote stress in providers that makes it more difficult for them to provide good care.



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# Answer: True

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Working with trauma-exposed individuals promote stress in providers that makes it more difficult for them to provide good care.



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## 6. Question

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What are ways to reduce provider stress?

- a. Pace yourself
- b. Take deep breathes
- c. Step away and take a break
- d. Establish self-care daily routines
- e. Ask for help
- f. All of the above



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# Answer: All of the above

---

What are ways to reduce provider stress?

- a. Pace yourself
- b. Take deep breathes
- c. Step away and take a break
- d. Establish self-care daily routines
- e. Ask for help
- f. All of the above**



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## 7. Question

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From the list below, which one is not a trauma-informed principle?

- Safety
- Trustworthiness and transparency
- Peer support
- Collaboration and mutuality
- Empowerment, voice and choice
- Cultural, historical and gender issues
- Speaking to older adults like you would to children

# Answer: Speaking to older adults like children

---

From the list below, which one is not a trauma-informed principle?

- Safety
- Trustworthiness and transparency
- Peer support
- Collaboration and mutuality
- Empowerment, voice and choice
- Cultural, historical and gender issues
- **Speaking to older adults like you would to children**



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# Information and Resources about TIC and Older Adults

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1. SAMHSA's National Center for Trauma-Informed Care & Alternatives to Seclusion and Restraint  
<http://www.samhsa.gov/nctic/trauma-interventions>
2. National Center for PTSD  
<https://www.ptsd.va.gov/PTSD/professional/treatment/older/index.asp>
3. National Council for Behavioral Health  
<http://www.thenationalcouncil.org/areas-of-expertise/trauma-informed-behavioral-healthcare/>
4. National Child Traumatic Stress Network: Creating Trauma-Informed Systems  
<http://www.nctsn.org/resources/topics/creating-trauma-informed-systems>
5. National Center for Trauma Informed Care: National Association of State Mental Health Program Directors  
<http://www.nasmhpd.org/content/national-center-trauma-informed-care-nctic-0>



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# Information and Resources about TIC and Older Adults (cont)

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6. American Institutes for Research: Trauma Informed Care  
<http://www.air.org/topic/families-communities-and-social-systems/trauma-informed-care>
7. The Sanctuary Model :  
<http://sanctuaryweb.com/TheSanctuaryModel.aspx>  
National Coalition for the Homeless  
<http://nationalhomeless.org/trauma-informed-care/>
8. Department of State Health Services: Creating a Culture of Care (Alternatives to Restraint and Seclusion)  
<http://www.dshs.texas.gov/cultureofcare/>
9. ACEs Connection Network  
<http://www.acesconnection.com/blog/trauma-informed-care-toolkits-1>
10. Dr Joan Cook, Yale University School of Medicine  
[http://psychiatry.yale.edu/people/joan\\_cook.profile](http://psychiatry.yale.edu/people/joan_cook.profile)  
[http://psychiatry.yale.edu/people/joan\\_cook.profile](http://psychiatry.yale.edu/people/joan_cook.profile)



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# National Center for PTSD

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[ptsd.va.gov](https://ptsd.va.gov)



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**“What you do matters”**

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# Closing

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1. Thank you for taking the Session III: Understanding and Addressing Trauma in the Aging Population Through Trauma-Informed Care Framework.
2. For information about available services, call 800-252-9240. This number directs you to the area agency on aging for your area code.
3. For questions and comments, email [Holocaust-Survivor@hhsc.state.tx.us](mailto:Holocaust-Survivor@hhsc.state.tx.us).
4. Check the website for additional sessions related to person-center, trauma-informed care for other populations. [www.hhs.texas.gov/holocaust-survivors](http://www.hhs.texas.gov/holocaust-survivors).
5. For a certificate of completion, go to the next page.



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# Certificate of Completion

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This acknowledges that

(insert your name)

has successfully completed

Session III: Understanding and Addressing Trauma in the Aging  
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Date: (insert date)



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